

Case Number:	CM14-0016720		
Date Assigned:	04/11/2014	Date of Injury:	03/04/2008
Decision Date:	05/28/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is an employee of [REDACTED] and has submitted a claim for cervical spine pain with an industrial injury date of March 4, 2008. Treatment to date has included medications, home H-Wave device, TENS unit, and radiofrequency ablation. Utilization review from January 21, 2014 denied the request for cervical epidural steroid injection w/ fluoroscopy - cervical spine 1x1. The rationale for determination was not included in the records for review. Medical records from 2011 through 2014 were reviewed, which showed that the patient complained of pain in the cervical spine, accompanied by pain in the bilateral shoulders, left worse than the right, bilateral wrists, right side of the lumbar spine, and right knee, rated 7 on VAS. On physical examination, there was a well-healed incision on the right shoulder with no palpable tenderness. Sensory examination of the upper extremities was intact. Range of motion was limited bilaterally. Knee examination revealed palpable tenderness of the right knee. No examination of the cervical spine was indicated in the latest progress note. An x-ray of the cervical spine dated 8/27/2013 showed degenerative disc disease C4-C5 and C5-C6 discs.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CERVICAL EPIDURAL STEROID INJECTION WITH FLUOROSCOPY - CERVICAL SPINE 1X1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: According to page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are supported in patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the latest progress note failed to indicate a cervical examination and no radiculopathy findings were noted. Furthermore, there were no imaging or electrodiagnostic tests which revealed findings of radiculopathy. In addition, there was no discussion regarding failure of conservative management. The criteria have not been met; therefore, the request for CERVICAL EPIDURAL STEROID INJECTION WITH FLUOROSCOPY - CERVICAL SPINE 1X1 is not medically necessary.